|  |  |   |           |   |            |  |                           |            |                                       | 1503113    |                         |                        |  |
|--|--|---|-----------|---|------------|--|---------------------------|------------|---------------------------------------|------------|-------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |           |   |            |  |                           |            | Application or Docket Number  F -8979 |            |                         |                        |  |
|  |  | CLAIMS                                    |           | D - PART  | I          |  |                           | SMALL EN   | mry                                   | OF         | OTHER THAN SMALL ENTITY |                        |  |
| U.S. NATIONAL STAGE FEES   |  |   |           | (Column 1)  |            | (Column 2)                             | 1                         |            | T                                     | ¬ ``       |                         | T                      |  |
|  |  |   |           |   |            |  | ł                         | RATE       | FEE                                   | 4          | RATE                    | FEE                    |  |
| BASIC FEE  |  |   |           | SMALL ENT. = \$ 150   |            | RGE ENT. = \$ 300                      |                           | BASIC FEE  | <u> </u>                              | OR         | BASIC FEE               | 300                    |  |
| EXAMINATION FEE  |  |   | (4) =     | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                    |            | other situations =<br>\$ 100 / \$ 200  |                           | EXAM. FEE  |                                       |            | EXAM. FEE               | 200                    |  |
| SEARCH FEE   |  |   | ALL other | U.S. is ISA = \$50/\$ 100<br>ALL other countries =<br>\$ 200/\$ 400 |            | All other situations = \$ 250 / \$ 500 |                           | SEARCH FEE |                                       |            | SEARCH FEE              | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   |           | minus 100 =   |            | / 50 =                                 |                           | X \$ 125 = |                                       |            | X \$ 250 =              |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 12        | minus 20 = .  |            |  |                           | X \$ 25 =  |                                       | OR         | X \$ 50 =               |                        |  |
| INDEPENDENT CLAIMS   |  |   |           | minus 3 = .   |            |  |                           | X \$ 100 = |                                       | OR         | X \$ 200 =              |                        |  |
| MU   | TIPLE DEPE                                     | NDENT CLAIM PE                            | RESENT    | SENT  |            |  |                           | + \$ 180 = |                                       | OR         | + \$ 360 =              |                        |  |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |           |   |            |  | •                         | TOTAL      |                                       | OR         | TOTAL                   | SN                     |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST  |  |   |           |   |            |  | ſ                         | SMALL      | ADDI-                                 | OR<br>]    | OTHER<br>SMALL E        |                        |  |
| AMENDMENT A  | >/29/ <sub>01</sub>                            | REMAINING<br>AFTER<br>AMENOMENT           |           | PREVIO<br>PAID F  | USLY EXTRA |  |                           | RATE       | TIONAL<br>FEE                         |            | RATE                    | TIONAL<br>FEE          |  |
|  | Total  | · <                                       | Minus     | -0  |            | 2                                      |                           | X \$ 25 =  |                                       | OR         | X \$ 50 =               |                        |  |
|  | Independent                                    | 00  | Millus    | 1   |            | = _                                    |                           | X \$ 100 = |                                       | OR         | X \$ 200 =              |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |           |   |            |  | $\int$                    | + \$ 180 = |                                       | OR         | + \$ 360 =              |                        |  |
| ·  |  |   |           |   |            |  |                           | FEE        | **                                    | OR         | TOTAL ADDIT.<br>FEE     |                        |  |
|  |  | (Column 1)                                |           | (Column   | n 2)_      | (Column 3)                             | _                         |            |                                       |            |                         |                        |  |
|  | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO                                | er<br>ISLY | PRESENT<br>EXTRA                       |                           | RATE       | ADDI-<br>TIONAL<br>FEE                |            | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus     | ••  |            | =                                      | Γ                         | X \$ 25 =  |                                       | OR         | X \$ 50 =               |                        |  |
|  | ndependent                                     | •   | Minus     | •••   |            | •                                      |                           | X \$ 100 = |                                       | OR         | X \$ 200 =              |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CL    |   |           | AIM   |            | L                                      | + \$ 180 =<br>OTAL ADDIT. |            | OR                                    | + \$ 360 = |                         |                        |  |
|  |  |   |           |   |            |  |                           |            |                                       | OR         | TOTAL ADDIT.<br>FEE     |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "2", enter "2".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |           |   |            |  |                           |            |                                       |            |                         |                        |  |

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